



AFW2 Adaptive & Rehabilitative Sports Program Application



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code Section 1413a; DoD Financial Management Regulation, Volume 7B Chapter 63; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by a military active duty and retirees to submit application to participate in events hosted by the Air Force Wounded Warrior Adaptive Sports Program.

Demographics

Date:

Last:		First:		Middle:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Prefer to be called:		DOB:		SS#:
Current Address:					
City:		State:		Zip:	
Email:			Phone:		
Hometown:					
Emergency Contact Name:					
Relationship:			Phone:		
Military Information Service Status (Check all that apply)					
<input type="checkbox"/> Active Duty					
<input type="checkbox"/> Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Separated <input type="checkbox"/> Retired					
Approved Separation or Retirement Date (If Applicable):					
Base:			Unit/Squadron:		
Rank:			AFSC:		
VA Center:					
AFW2 Non-Medical Care Manager:					
Defense Travel System (DTS) – Required to fund travel					
Bank Account #: _____ Bank Routing #: _____					
(Active Duty Only) UNIT DTS MONITOR NAME/PHONE NUMBER : _____					
Travel Information					
Preferred Airport: _____			Alternate Airport: _____		
Travel Time from Home to Airport: _____ Hours _____ Minutes					
Special Travel Requirements:					
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Adapted Sports Equipment <input type="checkbox"/> Service Dog (Requires certification to be submitted with application)					
If you have sports equipment, please list what you will be bringing:					

<input type="checkbox"/> Other special travel needs _____					

Medical Information Injury or disability (Please check all that apply and describe)

Please specify disability (i.e. above knee; below elbow; Percentage of use in arms, legs, right & left side; C3I: ETC

Information is for coach and staff use only and will not be shared. It is important for classification of athletes as well as sports selection and athlete placement

☐ Upper body impairment: _____

☐ Lower body Impairment: _____

☐ PTSD

☐ TBI

☐ Amputation: _____

☐ Hearing Impairment: _____

☐ Visual Impairment: _____

☐ Joint Replacement: _____

☐ Spinal Cord Injury: _____

☐ Other: _____

Date of Disability: _____ Are you still being treated? ☐ No ☐ Yes

Height: _____ Weight: _____

Is your disability due to being: ☐ Wounded ☐ Injured ☐ Illness

Are you currently rehabilitating at an Air Force Patient Squadron? ☐ YES ☐ NO

If yes, please list which one:

VA Approved Non-Medical Attendant

Do you require a non-medical attendant? ☐ No ☐ Yes (If yes, fill in attendant information)

(Active Duty: Do you receive SCADDL? ☐ Yes ☐ No)

(Veterans: Do you receive a VA Caregivers stipend? ☐ Yes ☐ No)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

SSN: _____ Phone: _____

Email: _____

Housing Requirements

Do you use assistive devices? ☐ No ☐ Manual WC ☐ Power WC ☐ Walker/Crutches

☐ Prosthetic (Upper) ☐ Prosthetic (Lower)

Do you need assistance transferring? ☐ No ☐ Yes Do you require an accessible/ADA room? ☐ No ☐ Yes

Do you need a shower chair? ☐ No ☐ Yes Do you need a roll-in shower? ☐ No ☐ Yes

Do you travel with a service dog? ☐ No ☐ Yes If so, what is its name? _____

Uniform Sizes

T-Shirt: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X Large ☐ 3X Large ☐ 4X Large

Shorts: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X Large ☐ 3X Large ☐ 4X Large

Warm up: ☐Small ☐Medium ☐Large ☐X-Large ☐2X Large ☐3X Large ☐4X Large

Sports Interests

Check all events you have interest participating in

Track: ☐ 100M ☐ 200M ☐ 400M ☐ 1500M
Field: ☐ Standing Shot ☐ Sitting Shot ☐ Standing Discus ☐ Sitting Discus
Swimming: ☐ 50M Free ☐ 100M Free ☐ 50M Backstroke ☐ 100M Backstroke
Cycling: ☐ Upright ☐ Recumbent ☐ Hand cycle
Shooting: ☐ Air Rifle ☐ Air Pistol
Archery: ☐ Recurve ☐ Compound
Team Events: ☐ Wheelchair Basketball ☐ Sitting Volleyball ☐ Wheelchair Rugby ☐ Golf ☐ Softball

Rank from 1st-7th your interest in competing in the following disciplines for the Warrior games

Track Field Swimming Cycling Shooting Archery Basketball Volleyball Rugby Golf Softball

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

Additional interests not mentioned -

“The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.”

The Air Force Personnel Center (AFPC), Joint Base San Antonio - Randolph, TX, Air Force Wounded Warrior Program office ensures security and privacy measures are taken according to governing instructions, regulations, and directives to protect this information once received. However, we cannot guarantee security or protection of Personal Identifiable Information (PII) or FOR OFFICIAL USE ONLY (FOUO) information when sent by e-mail between government and personal computers or when mailed, scanned, and faxed to this location.

Your signature authorizes the Air Force Wounded Warrior Program to use the information contained in this application for matters relating to Adapted Sports events and to email event information to the email address provided on this application.

ATHLETE SIGNATURE _____ DATE _____